

**Placer County Short-Term Volunteer
Application, Agreement, and Release Regarding Voluntary Services
(Non-Disaster Service Worker)**

PLEASE PRINT

Applicant Name:

Volunteer Position:

(Last, First, MI)

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

Email address:

(Circle - Home/Work/Mobile)

VOLUNTEERS UNDER THE AGE OF 18, PLEASE PROVIDE:

Guardian Name:

Phone Number:

(Last, First, MI)

(Circle - Home/Work/Mobile)

Address:

(Street)

(City)

(State)

(Zip Code)

Do you have any health limitations that may restrict your performance of assigned duties? Yes No

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the Department of _____, County of Placer. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that, by Resolution of the Board of Supervisors, it is the policy of the County of Placer to cover volunteers as employees of the County for purposes of Workers Compensation benefits. I also understand that, under Workers Compensation laws, Workers Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the County of Placer or any of its agents, officers, or employees, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, or officer of the County of Placer as a result of my participation in this volunteer activity or services. In addition, I hereby release and discharge the County of Placer, its agents, officers, and employees from all actions, claims, and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY OF PLACER AND SIGN IT OF MY OWN FREE WILL.

Date: _____

Signature: _____

Volunteer

Date: _____

Signature: _____

Parent or Guardian

Date: _____

Signature: _____

Division Head

Date: _____

Signature: _____

Department Head